

SENDER: COMF

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mail piece, or on the front if space permits.

1. Article Addressed to:

Medical Department  
Lee County Detention Center  
P.O. Box 3508  
Opelika, AL 36801

A. Signature

*X/Kennedy*

☐ Agent

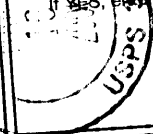
☐ Addressee

B. Received by (Printed Name)

*X/Kennedy*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If yes, please delivery address below: ☐ No



*3:06CW178*  
*proc*

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service)

*7003*

*2260 0005 4584 6545*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540